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# THE MEDICAL AND SURGICAL REPORTER.

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PHILADELPHIA, APRIL 9, 1870.

[VOL. XXII.—No. 15.

## ORIGINAL DEPARTMENT.

### COMMUNICATIONS.

#### THE TRIALS OF EARLY PRACTICE.

By M. M. BROWN, M. D.,

of Ithaca, N. Y.

There is nothing, in my opinion, more perplexing to a young physician just commencing the practice of medicine and surgery, than a case of midwifery.

The experience of medical students in the lying-in room, in most instances, is very limited indeed, and as far as I have been able to learn, by inquiring of young practitioners, the majority have never witnessed the birth of a child till they entered upon their duties in actual practice.

A physician who has never attended a parturient woman in her time of travail, is more or less anxious when called on such an occasion, and [must be the possessor of a steady nervous system, or he will tremble somewhat while on his way to the lying-in room.

I remember well how much anxiety I felt when I was called to attend the first case of confinement.

I had just left college, and entered into a copartnership with Dr. L., at M., N. Y. I had not been with the doctor more than two weeks, and had had but very few patients indeed, and having very limited means, began to feel somewhat blue, thinking that the practice of medicine was more romantic than profitable.

One afternoon a messenger rode rapidly up to the doctor's store, (he being a drug and drygoods merchant, with his son for a partner), said to him, "Sir, Mr. C. wants you to go to his house immediately, his wife is in labor, and needs immediate attention."

The doctor was in feeble health, and he made up his mind to send his partner. Suiting

his action to his mind he stepped to the office door, the latter being over the store, and called to me. I answered his call, and he informed me "that I was wanted immediately, two miles out of town, to attend a lady in confinement." I never shall forget that moment. I began to tremble, and hurriedly walked about the office, getting together the medicines that I thought I might need, tucking them in a jumble into an old fashioned pair of pill bags, which looked as antiquated as the times of Galen or Hippocrates.

Dr. Leaman having graduated some thirty years before my acquaintance with him, was not schooled in all the new remedies, and was in the habit of using very many roots and "yarbs," and the said pill-bags were so crammed with pennyroyal, spearmint, tansey, smartweed, foxglove, blackberryroot, pumpkinseeds, uva ursi, pipsisawa, buchu, and sweetrye, that but little room was left for the few bottles of fluid extracts and tinctures, papers of powder, etc., which I thought might be needed in case of emergency.

I had no obstetrical instruments to take with me, and it was just as well, for I could not have used them, having had no experience, nor had I seen a pair of forceps used even on the mannikin.

Well, I finally was ready for a start. My horse was saddled, and out of town I rode. I urged my horse along at her best speed, which was very slow indeed, and finally arrived at the place of my destination. I tied my horse to the corner of a rail fence, and walked hurriedly and excitedly to the door of the house where I expected to find my patient, and rapped. An old gentleman came and opened the door and invited me in. I said to him, "is there anybody sick here?" "No, sir," said he, "you will find your patient across the road, in that little house yonder."

I tried to look dignified as I thanked him, and turned to walk away, but imagined he thought I looked *green* instead, for he smiled as he turned to shut the door, and I heard him say, "I wonder if that is a doctor." This remark took all the wind out of my *dignified sails*, but I made up my mind that "it would not do to give it up, Mr. Brown."

In a moment I stood rapping at the right door. I heard a bustling inside, and an elderly lady opened the door about four inches and peeped out, and seeing my ruddy, beardless face, immediately closed the door, remarking, "you can't come in sir." I was not to be bluffed in this way, and I took hold of the latch and opened the door, and said to the inmates, "*I am the doctor.*"

"Oh! you are; come in then, we did not expect so young a one."

I did walk in, and deposited my ungainly bag of medicine, and took off my rubber coat. It was a stormy day, and I have seldom witnessed the birth of a child since, when it did not storm.

I then helped myself to a chair and sat down near the stove to warm. No one said a word to me, and what to say, or what to do, I could not devise. I saw no patient, I heard no groans; I did not discover anything about the room that looked like what I was there after. I finally plucked up courage and asked where the sick lady was. One of the matrons pointed to one corner of the room, where I beheld a drawn curtain.

I got up and walked to the curtain and drew it aside, and then I beheld my patient biting her lips to keep from laughing at my embarrassment.

I asked her how long she had been sick. She said, "Since early this morning, some six hours, for it is now about noon I believe." "How far along are you?" said I to her. "I do not know, sir, that is for you to tell I suppose." "Well," said I, *sotto voce*, "will you let me examine you and see?" She said, "Yes, if it was necessary." I then made up my mind to face the music at all hazards, and began to give orders like a military man.

I ordered wash bowl, towel, soap, bandage for the mother, string to tie umbilicus, baby clothes, and I do not know what all.

After I had given so many important orders, one of the ladies present wanted to know "if I had good success in this kind of business?" I replied promptly "that I had never lost a

case in all my long practice." She smiled behind her ears, and looked at me in a significant way. I called for about two ounces of lard, and took off my coat, and rolled up my sleeve, and smeared myself for the operation. I felt the head presenting (or I supposed I did, for it was hard) and straightened up and announced *all right*, and washed and wiped my hands.

The patient asked me, "How long before she would be through?" I said in about one-half hour, certain, if not sooner.

I said so mechanically, and with no knowledge on the point, save what little I had learned while at college, but, as good fortune would have it, I guessed correctly, and within the time specified the *baby was born*.

I trembled like a leaf in the wind, and so did all of the rest, as soon as we heard the first musical notes of the new born son, for such the child proved to be. I tried hard to control my fingers while cutting the cord, and while performing the various duties which devolved upon me, fearing while trembling, that I might do as I had read of others, viz: amputate the *penis*, or a toe, or finger, while cutting the funis.

I assisted the matron in dressing the infant, and staid till after dinner, and then went home triumphant.

The father and mother were so favorably impressed with my appearance, or with my success as a physician, or with my good looks, or my pretty name, that it was unanimously declared that their son should be called *M. M. B. C.*

#### I LOSE MY FIRST PATIENT.

The young practitioner has very many more obstacles to overcome during the first three or four years of his experience than he ever does thereafter, at least I found it so.

A thousand and one things rise up to obstruct one's path of duty, and there are times when it seems almost impossible to succeed in winning the confidence of a sufficient number of families to establish a business large enough to make even a poor living.

There is one unpleasant obstacle which I regret to record, nevertheless I will do it. It is this: The opposition which young physicians have to meet from their older brethren in the profession.

I have often wondered why old practitioners, knowing as most of them do, how hard it is for a young physician to establish himself in

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business, should throw their influence in the way of his success.

There are exceptions to this, it is true, but very few indeed. I have always thought it should be the pleasant duty of an older head in the profession, to give aid and good cheer to one who is battling with the stern difficulties of early practice.

I know, by sad experience, how much the young physician suffers by the handling of his misfortunes adversely.

I remember how much fear I had of losing a patient during my first year's practice. I was called to see a sick child, the daughter of a soldier, he being then in the service of the Union army. I found the patient suffering extreme pain in the bowels, and accompanied by very high fever. The tongue was much furred, and the nervous system much affected. I gave the remedies that I thought were demanded, but the little sufferer rapidly grew worse, and we all entertained fears that she could not survive very long.

I called Dr. Leaman as counsel, and he approved of my treatment, and gave it as his opinion that death would soon supervene. I was so anxious to save the child's life, that I could not eat nor sleep. I remained with her the most of the time for three days and nights, carrying her in my arms much of the time, changing the remedies frequently (and I fear too often) as my anxiety ran away with my better judgment.

The patient finally died in my arms, and I laid her in her little bed, and walked home with a sadder heart than I ever had in all my life. I had one consolation, however, that I had done all that I could, and with this I tried to comfort myself. The gossips began their slander, and were materially assisted by two physicians, or quacks as they were in reality, one of them a renegade Homeopathist, the other a non-graduated old school practitioner.

This being the first patient that I had lost in the place during the few months of practice, and receiving comforting advice from my friendly partner, I thought it best not to let my opposers out-general me. I took new courage from my successes which followed, and remained in the place the whole of twelve months. When I quit the place, I had saved out of my hard earnings just seventy-five dollars.

I went to Pennsylvania on a visit to see my friends, and was advised to hang out my shingle in my native town of Wyalusing.

It is an old adage, and a true one, that a prophet is not without honor, save in his own country, and so it proved with me. I had no success, and became blue as blue could be, and took down my sign with disgust. My father then furnished me with a horse and skeleton wagon, and I set out for some new field in which to establish myself.

I hit upon my present place of business, where I have been ever since, and have been fortunate enough to take to myself a partner, *she a female*, and we think we see daylight looming up not far distant.

I have written a very brief portion of my experience, and I trust it may not discourage any young medical man who may chance to read it, but on the other hand, teach him that the way to fortune is, "if at first you don't succeed, try, try again."

#### A CASE OF TRANSVERSE PRESENTATION—CEPHALIC VERSION TRIED UNSUCCESSFULLY.

By S. W. EDWINS, M. D.  
Of Bainbridge, Ind.

On the 27th of February I was called to see Mrs. Wareline, at 34, of plethoric habit, the mother of three children, and of a haemorrhagic diathesis; so much was this the case that she warned me some time previously against her flooding. I went on the morning of the 27th, at ten o'clock, prepared with some fluid extract of ergot, expecting to find little trouble.

On entering the room, I found Mrs. W. reclining on the bed, with an anxious countenance, full bounding pulse and large drops of sweat standing on the forehead. On inquiry, she informed me that she had been in labor since the 24th, but hesitated sending for me until I was actually needed. Said she knew there was something wrong for some time back. I now proceeded to make an examination per vaginam and found the os uteri so high up that it was with great difficulty I could reach it with the finger, and utterly failed to recognize any form of presentation. I now made an examination externally through the abdominal parietes and thought I detected the fetal head in the left iliac fossa, and the beat of the fetal heart just above the symphysis pubis about the median line. I now suspected transverse presentation, but said nothing to her or to the family until I was satisfied that such was the case. The os at this time was no

larger than a shilling and was entirely above the pelvic brim.

I now left her and went to my office, a distance of only one square, stating that I would return shortly, as I did in the course of half an hour; found the os about one and a half inches lower and dilated to about the size of a silver dollar, with the membranous sack protruding through. Inserting my finger carefully beside the sack I tried to discover the position of the fetus, but failed as before; feeling certain now of a transverse presentation, I determined to introduce my hand into the uterine cavity, discover exactly the presenting part, and if possible deliver by *cephalic version*.

Having taken my coat off and rolled my sleeves above the elbow, I anointed my hand well and introduced it gently beside the tumor filling the os, and had my hand just fairly within the womb when the membranes ruptured. I immediately found my hand in contact with the umbilical cord, which I traced to its insertion, and immediately to the right and above I discovered the ensiform cartilage, thus showing plainly one of the rarest cases of transverse presentation.

Following the sternum with my hand I came to the child's head, the face looking toward the crest of the ilium and a little to the front of the mother, the knees resting in the right iliac fossa, the right arm thrown forward and resting on the umbilicus, the left I could not find, but supposed it was doubled under and back of the fetus; the legs were flexed on the thighs, the feet looking toward the nates. It will be observed that the face was looking to the left ilium and rather up to its crest, with the funis presenting exactly over the os uteri; that is the posterior fontanelle was thrown back on the cervical spine, thus forming a species of opisthotonus, which the contractions of the uterus was tending to augment each moment. Now what was best to be done? My hand being in the womb, I had my choice of two versions cephalic or podalic. I decided to try the former. Informing my patient that we had a little trouble on hand, and would have to turn, I begged her to be as quiet as possible and remain on her back as she had been, and directed the attendants as to their duty. I then gradually introduced my right hand fingers up to the anterior fontanelle, using my left hand externally against the knees, pressing gently up and toward the centre of the

uterine cavity, so as to favor the falling of the head into the pelvic brim.

This process I tried until I found the uterus acting so vigorously that I was afraid of rupture, and desisted. Withdrawing my hand from the forehead of the child, down as far as the umbilicus, I then passed it up in search of one or both feet. I found one very easily, and succeeded in bringing it down; the cord now prolapsed, and, together with the right arm and right foot, formed the presenting part. My efforts to replace the cord and arm were fruitless, until I found the other foot and brought it down; after which, by slight traction on the feet, together with external upward pressure on the head, I succeeded in rotating the fetus, and left nature to effect the delivery, which she did in about fifteen minutes—the lady being delivered of a dead male child at just half-past 2 o'clock P. M., about four hours after I first saw her. I have since thought that I lost some valuable time in trying cephalic version—an operation that I shall not attempt again, unless I have one of Prof. M. B. Wright's (of Cincinnati) shoulder cases to work on.

It is now three days over three weeks since my patient was confined. She has done remarkably well, with the exception of a slight tendency to involution of the uterus, which I treated with the fluid extract of ergot and the astringent preparations of iron. The uterine hemorrhage, that the lady dreaded so much, was obviated by the free use of the ergot; and I will here say, that in attending women of a hemorrhagic diathesis, and of relaxed muscular fiber, I know of no better treatment than just as soon as you discover the os sufficiently dilated, to administer a full dose of a good article of the fluid extract of ergot, and repeat every hour while the labor lasts, unless there is some mechanical obstruction, such as deformed pelvis.

#### EXTRA UTERINE PREGNANCY—SPONTANEOUS DELIVERY BY THE RECTUM—RECOVERY OF THE MOTHER.

REPORTED BY W. F. PECK, M. D.  
TO THE IOWA STATE MEDICAL SOCIETY, DAVENPORT, IOWA.

Mrs. J. N. C., set. 33., native of New York, nervous sanguine temperament, has had two easy natural labors at full term. The exact time of conception is not known, but she is

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certain that it occurred sometime in April. The symptoms were entirely unlike those experienced during former pregnancies. She was, after the second month, uncommonly sick at the stomach, and in fact it was with the greatest difficulty that she retained sufficient nourishment to sustain life. When carrying the other children this symptom was not present to any appreciable extent. (From the commencement of conception there was inability to move about.) The abdominal development was different from other pregnancies in that there appeared to be more development upward, but not without more or less proportional development anteriorly and latterly. I saw her often during her gestation, but gave little treatment other than advice. On Saturday, September 4th, her husband informed me that he must be away from home in attendance upon court at Maquoketa, Iowa county, in consequence of which he desired me to visit her daily and furnish such relief as indications might suggest, thinking that possibly she might not have sufficient strength to carry the child to full term. On Friday, September 9th, I called upon her at 2 o'clock, P. M., and found her sitting in rocking chair near the bed which she had left only a few minutes before, in order to obtain rest by changing her position. There was considerable pain over the entire abdomen which she described as being of a "twisting" character. The entire abdomen was tympanitic and so much distended as to cause her to appear as though she might be six or seven months advanced in pregnancy. Whenever pressure was made even of the slightest character, the pain produced was almost unbearable. The pain was greatest over the right iliac fossa, although there was general tenderness. The stomach was unusually sensitive to the presence of fluids. I assisted her from the chair in which she was sitting into the bed and went down stairs to see Dr. Ely, of Cedar Rapids, who had just arrived to visit the family, he being an old and intimate friend.

After describing to him her condition during the progress of the gestation, we started to go up stairs and see her, when we were arrested by a relative who informed us that Mrs. C. was having a passage from the bowels. We returned to the parlor, when not five minutes had elapsed before we were suddenly summoned to the room of Mrs. C. where she was found upon

a "chamber" in much pain. She informed me that the child had been born by the "back passage." I lifted her from the vessel to the bed, during which, the child, or fetus, fell back into the chamber, its weight, together with tension, having broken the cord. About six inches of the umbilical cord still remained outside, which, upon further examination, was found to be protruding from the anus. I examined the vagina and uterus to ascertain if the cord did not enter the vaginal canal or the womb; but, strange to relate, the uterus was not enlarged and the "os" was normal and healthy. The vagina was intact throughout and there was no blood nor fluid of any description in the vagina or womb.

Appreciating that the case was decidedly anomalous in character, I requested Dr. ELY to verify my examination, which he accordingly did, reporting the same result. I then directed him to retain his hand within the vagina, and permit me to pull on the protruding cord, while he should carefully ascertain if it could be felt through the vaginal and rectal tissues. He did as directed, and could distinctly feel the cord by following it from the commencement of the vagina up to and even above the attachment to the neck of the uterus. I then proceeded to follow up the cord by introducing my finger into the rectum. I traced it up into the rectum for about five inches, and upon withdrawing my finger, it was covered with blood, which fluid in a liquid and clotted form was appreciated in the rectum. Gentle traction was then made upon the cord, hoping thereby to bring away the placenta; but the cord broke internally, beyond the reach of the finger, without any after-birth coming away. No rent of any kind could be ascertained in the rectal tissue.

Dr. ELY made the same examination. I then introduced a duckbill speculum into the anus, when the blood, fluid and clotted, escaped to the amount of about one-half pint. After the blood passed away she experienced very great relief. There was also considerable discharge of gas, which was of a very offensive character. The fetus showed some evidences of putrefaction, it probably having been dead for several days. The intestines and liver of the child had an extra ventral development, which appearance they now present. The fetus, judging from its development and size is of about four months, and perhaps more. Mrs. C.'s condition after the examination, was that

of marked exhaustion. Pulse small, and 100 in frequency to the minute. Features cadaveric, and general pallor marked the entire surface. Brandy was given in small quantities, and volatile stimulants were freely exhibited. She gradually recovered from the condition of prostration, and rested much better than she had done for several weeks. The tympanitis and tenderness disappeared to a great extent during the night, and in fact she slept without medicine of any kind for at least four hours. To quench the thirst, she took small pieces of ice. The discharges of blood, of which she had several, were voluntary and came from the rectum.

Sept. 10th, P. M. Pulse 110 and small. Considerable tympanitis, with much pain in the region of the right ovary. General febrile movement. More or less sickness at the stomach, with a corresponding inability to retain nourishment or drinks, and several discharges of blood have voluntarily escaped from the rectum. The character of the discharge is not unlike coffee grounds in appearance. Directed a weak solution of carbolic acid to be used as an injection every four hours. Counter irritation to the epigastrum.

Sept. 11th. General condition better than yesterday. Less sickness at the stomach. Small particles like placental texture escape with the injection.

Sept. 12th. Condition still improving, although there is considerable pain in the right iliac fossa.

Sept. 13th. She slept very well during the night. General condition good. Several pieces of tissue passed from the rectum with the injection. Takes fluid nourishment, all of which she retains, although there exists a little nausea.

Sept. 17th. Her condition is not so favorable. Pulse 100 and weak. Respirations 22 to the minute. Marked tympanitis with general tenderness over the entire abdomen but particularly in the region of the right ovary. Stomach rejects nourishment. Treatment—veratrum viride, six drops every four hours. McMunn's Elixir 40 drops every three hours per rectum.

Sept. 18th. Pulse 118 and feeble; respirations 24; extensive tympanitis; much pain upon slightest pressure over entire abdomen; sickness at the stomach; marked febrile movement. Treatment: verat. viride 8 drops every four hours per rectum. McMunn's elixir

30 drops every four hours; mustard to the epigastrum, with emollient applications to the abdomen.

Sept. 19th. Pulse 130; respirations 27; tongue furred and dry; other symptoms much the same as yesterday. Treatment continued unchanged.

Sept. 20th. Was called at 10 p. m. last night; Dr. P. J. Farnsworth, of Clinton, saw her with me. Found her in great pain; markedly tympanitic; pulse very small and could not be counted, the pulsations being so rapid; respirations 34; surface hot; gave small dose of brandy and carbonate of ammonia. After consultation informed her husband that death seemed inevitable. In about twenty minutes the pulse became slower and stronger; the respirations grew less frequent. A large quantity of gas escaped which seemed to give her much relief. Dr. Farnsworth remained with her during the night. In the morning I found her condition much better. From this time she continued to slowly recover but did not leave her bed until October 28th; and did not leave the house until December 29th. The last time she was out before her delivery was July 4th. The injection continued to be tinged with blood until October 1st. No after-birth came away other than the small pieces contained in the injection. She is now quite well and exhibits her ordinary health and weight, 85 pounds. She has, however, an occasional pain and "weakness" in the region of the right ovary, but in other respects she is perfectly well. I omitted to state in the proper place that Dr. A. S. Maxwell was present soon after the delivery and made an examination, when he found, as heretofore stated, the vagina and womb healthy; but upon examining the rectum the bloody discharges were found. The patient was seen during her convalescence by Dr. W. A. Hosford, of Davenport, and Dr. McKennon, of Muscatine.

*Remarks*.—The conception probably occurred in the same manner as in all cases of extrauterine pregnancy. The placentas I believe to have been attached to the fimbriated extremity of the fallopian tube, and the development was downward by the side of the rectum, the tissues of which were more or less attenuated by continuous pressure, which was occasionally augmented by paroxysms of coughing—a fact which was not mentioned in giving the early history of the case. That when she arose to sit upon the chamber for the purpose

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of having a passage from the bowels, she had a severe coughing spell, during which the child, or fetus, was spontaneously born *per anum*, having lacerated the rectal walls to allow of its escape thus abnormally into the outer world.

I have produced the foregoing case in detail in view of the fact that the records of obstetrics contain no precedent.

## MEDICAL SOCIETIES.

### BALTIMORE MEDICAL ASSOCIATION.

#### Leucorrhœa.

DR. WAYSON. Leucorrhœa in its simple form may be regarded as merely an excess of the natural secretion of the parts, and it is only when the secretion is in excess that any escapes from the vagina. In the simplest forms we have only to remove the exciting causes, give a mild purgative and, probably, use astringents, and a cure is easily effected. But, usually, it is not this simple disease. It may indicate a disease of the womb which is far more difficult to treat. The causes are various and may be local or constitutional. Some of these causes are general plethora, debility, irritation of the walls of the vagina, pruritus, and in children, intestinal irritation. If we can find out the cause, that will indicate the treatment. Some physicians treat exclusively by astringents, and change from one to another until they produce the desired effect. The older writers advise bleeding. Dewees thinks it advisable even when debility is present. I have used styptics. When I was at Bay View, in those cases in which the discharge proceeded from the cervix, I used acid nit. of mercury with good results. I have also used nitrate of silver with benefit, but I never pushed the caustic very far. When the discharge is from the vagina, and acid, alkalies will afford relief; when from the cervix and alkaline, acids are indicated. If the discharge is glaring and tenacious, it is from the cervix; if acid, it proceeds from the vagina.

DR. STEIN. Those cases in which the patients refuse to be examined are hopeless, until their misery compels them to submit. Leucorrhœa is divided into two classes—vaginal and uterine. Some writers make a distinction between the leucorrhœa dependent upon the disease of the cervix, and that of the os, but this is useless in practice. The greatest number of cases depend upon disease of the vagina, and astringents, if properly applied, will cure, or greatly modify them. The applications must be made in a thorough manner. The little glass syringe commonly used is perfectly useless. The

parts must be flooded so as to distend the vagina, and bring the application in contact with every portion of the tube. Cervical leucorrhœa may be distinguished by the glairy, ropy, tenacious character of the secretion which proceeds from the muciparous and other glands, and is always the result of inflammation. The secretion is normal in character, but the quantity is in excess. In the treatment, remove all discoverable causes; improve the general health; correct mal-positions of the uterus, and maintain by pessary. In the local treatment, I consider the introduction of the speculum a *sine qua non*. You must remove all the discharge from the os before you make any application, for if you do not, you merely coagulate the albumen, and produce no effect on the disease. I usually wrap some cotton around a probe, and pass into the canal, and wipe out by a rotary motion. Sometimes I have to introduce the cotton 10, 15, or 20 times before the mucus is entirely removed. If blood appears on the cotton, it shows that you have reached the mucous surface. I then place a pledget of cotton under the os, so as to protect the vagina, and apply carbolic acid. I dip the probe in the acid and pass it well up. Some leave a pledget of cotton saturated with acid in the os, but it produces uterine colic, so I remove at once. I make two or three applications at a sitting, or until I am satisfied that all parts have been touched. I then carefully wipe away all remains of the acid with a sponge, and introduce cotton saturated with glycerine. This acts as a hydragogue, and produces a profuse watery discharge. As an adjunct, I have the vagina well flooded by means of a Davidson syringe, using a gallon or two of water, as hot as the woman can bear. I make the applications of acid every four or seven days. Six weeks usually suffices for a cure. One word in regard to choice of a speculum. Ferguson's is good, but unhandy in cases of anteversion; I generally use Thomas' modification of Cusco. Some say it is too short, but I generally find it too long.

DR. WAYSON. My success has not been equal to that of Dr. Stein, although I have used carbolic acid. Some cases continue the whole term of pregnancy, and cease with the delivery; others continue during lactation. In children it is sometimes distressing. I have been asked by husbands if leucorrhœa could produce blenorhoea in the male, and I have answered that it could. Unless we so answer, much trouble may be produced. It sometimes depends upon too frequent coition, for which abstinence is usually sufficient.

DR. STEIN. I suppose I have seen one hundred cases in the dispensary to the University of Maryland, and in the majority the above treatment was successful. I by no means forget the constitutional treatment, nor the removal of exciting causes. Almost all the cases that I have seen occurred in

women who had borne at least one child. It is generally acknowledged that acrid discharges from the vagina can produce gonorrhœa in the male. In regard to the leucorrhœa of pregnancy, if it will yield to simple measures, you treat it; if not, let it alone, feeling sure that it will cease with the pregnancy. The treatment I have indicated is that used by Drs. Howard, Chatard, Sr., Erich, Wilson, and others of this city, and is also recommended by some writers.

**DR. WILLIAMS.** Tyler Smith was the first who gave the true pathology of uterine leucorrhœa. It is an extremely obstinate disease, and women are unwilling to submit to treatment long enough. They shrink from the frequent examination, or get tired. The vaginal form is simple and easily curable, unless it is caused by excessive coitus, when it can only be modified, not cured, so long as the connections are persisted in. It can be modified by astringents, or, what I prefer, a pledge of lint saturated with tannic acid dissolved in glycerine. It produces less irritation than zinc sulph., or plumbi acet. Any case can be cured in a reasonable time. The uterine is much more serious and obstinate,

and I endorse the remarks of Dr. Stein, that many of the failures are owing to not removing the secretion. It is merely coagulated, and no beneficial effect is produced upon the diseased surface. Carbolic acid has two advantages; it is astringent and disinfectant. In the leucorrhœa during lactation, in all delicate women, we give tonics and improve the health. It is wrong to wait for the cessation of lactation to cure the leucorrhœa, for there is a double drain upon the system which debilitates them very much. The form resulting from flexion of the womb is very difficult to cure. It is difficult to remedy the flexion. Some say it is a simple thing to cure, but if you relieve it by means of sponge tents, it soon returns to the former condition. If the flexion is not decided, and does not produce amenorrhœa or dysmenorrhœa, it is best not to undertake any radical treatment.

**DR. FRIEDENWALD.** Dr. Wilson exhibited a double canula at the last meeting of the Pathological Society, which he uses with great success in removing the discharge from the cervix, especially in flexion. It will remove it in cases which cannot be relieved by the probe.

## EDITORIAL DEPARTMENT.

### PERISCOPE.

#### Febris Intermittens Urticaria.

**DR. I. N. BEACH,** West Jefferson, Ohio, says of this disease in the *Medical Repertory*:

The symptoms in these cases have been very similar to those given by Dr. Davis, but the pains in stomach, nausea, vomiting, intense pains in the head, back, and extremities, chills, fever, dyspnoea, etc., were no more characteristic of severe intermittents with the rash, than of intermittents of the same severity, without the eruption. The rash of wheals in some cases appeared only slightly, in others the whole surface would be covered, the face much swollen; while in all the cases there was a most intolerable itching, burning, or smarting, sufficient in some persons of irritable temperaments to cause a species of temporary insanity. These symptoms continued for the usual time occupied by the different stages of a paroxysm of ague, and then subsided, to return again and again until interrupted by treatment.

The treatment has been that of ague. Such paroxysms would doubtless nearly always pass safely

without medication; but when a physician is called, it is his duty to do what will most quickly relieve his patient of unpleasant symptoms, even if they are not dangerous. Dr. Davis only speaks of the use of mint tea to quiet vomiting, preparatory to giving a cathartic or calomel; it is presumable that he allows the other unpleasant symptoms to wear off in their own good time. I do not mention it as anything peculiar with me, for I suppose most physicians practicing in a malarious district follow the same course; but in all such cases it seems to me that the comfort of the patient demands opium in some form. For many years I have invariably given it in large doses, in combination with ipecacuanha when the stomach would bear it, or in the shape of morphia, with soda, and other anti-emetic remedies where there was vomiting, or the *tinctura opii* as an enema if vomiting was troublesome. The result of such a dose early, or in fact in any stage of a paroxysm of ague prior to the sweating stage, is exceedingly satisfactory to the patient, as it saves him many hours of suffering. The mercurial cathartic I have not found at all necessary to success in treatment of ague. Blue mass, or leptandrin is occasionally combined with the quinine if indicated. Obstinate, or recurring cases, are treated according

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to the condition present; alteratives, diuretics, quinine, iron, and strychnia being used as indicated, until the health is permanently restored.

The itching or smarting spoken of above is sometimes terribly annoying. In one case, a lady of very excitable temperament, the itching was so great as to cause her to tear the hair from her head, and the skin from her face; in fact she was insane. She frequently charged me with a want of skill, in not being able to relieve her of this symptom promptly, during the last summer having changed her residence, but taking with her the disposition to have ague, she became a patient of my friend, Dr. Jones, of London. Meeting her recently, she said to me triumphantly, "I have a doctor now that can cure the hives," meaning that he could arrest the itching accompanying her agues. On inquiry I found that he had used a solution of carbolic acid as a wash.

#### Possible Duration of Pregnancy.

In the course of an action for damages for the seduction of a young woman, says the *British Medical Journal*, the question of the possibly protracted duration of gestation was raised. The alleged father had had no access to the mother of the child later than 301 days before its birth, and he naturally disputed his liability. Dr. Tanner deposed that the ordinary period was 270 to 280 days, but might be exceeded by two, three, or even four weeks. He thought there was no inconsistency in the present case (from April 15th to February 9th—that is, 301 days.) He had not known any case himself in which the ordinary period had been exceeded by a week, but he had no doubt there were such cases. He had heard of such. Mr. James F. Clarke deposed that there were cases on record extending over more than 301 days. Sir James Simpson had recorded a case of 310 days. Dr. Barnes deposed that the ordinary period was 271 days. He had known cases of 280 and of 285 days. He thought it very improbable, but did not like to say it was impossible, for gestation to extend over 301 days. It was so improbable, that he did not believe it. Dr. Tyler Smith said that the longest period of gestation he had known was a fortnight. Dr. Reid—a most accurate observer—had recorded forty-three cases of protraction, the longest of which was 300 days. Dr. Smith considered that case as reliable as any doubtful case could be. The verdict was for the plaintiff; damages, £200.

#### Uterine Cancer.

DR. ROUTH speaks hopefully (*Medical Press and Circular*) of some cases of cancer of the womb. Cancer is not always a blood disease, although, doubtless, often so. Even if it were, topical remedies are useful in syphilis. Why not in this? The

progress of uterine cancer is not very rapid. Iodine, carbolic acid, and bromine seem especially indicated as escharotics in uterine cancer; or, when the mass is large, the red-hot iron is useful. In the case of one patient treated by bromine caustic, the patient eight months afterwards was still quite well. He thinks that in all epithelioma, where the uterus is still movable, the cancer may be cured. If the growth is large, he usually destroys it by red-hot iron, or by the écraseur of Dr. Hicks. He prefers bromine as a caustic, dissolved in spirit, molding a cup of gutta percha to the diseased uterus; lining this with cotton wadding, and applying this saturated with a solution of bromine directly to the part, keeping this in its place by means of cotton soaked in carbonate of soda for 24 hours. The solution used of bromine was 1 to 5. It should be made a few minutes before it is used. Great care must be taken, lest explosion takes place, and the bromine is added slowly to the spirit. Fowler's solution is taken at meals.

#### Poisoning by Phosphorus.

The Court of Assizes at Nismes, in France, have just tried a man and woman for poisoning their daughter, aged 12. The girl was constantly subjected to their persecutions, and told a friend that they wanted to poison her with lucifer matches. The girl died in October last; and, at a *post-mortem* examination of the body, traces of phosphorus were discovered. The female prisoner was found to have purchased some rat poison in the previous September, which contained that substance. The mother, in defence, stated that the girl had eaten some figs prepared for killing rats. The guilt of the prisoners not being fully proved, they were pronounced "not guilty."

#### Spermatorrhea.

A few months ago there was published in Germany (Rorshach, Louis Huber,) a work by a Swiss physician, Albert Müller, on spermatorrhea, (*Über unwillkürliche Samensverluste*), which we regard as of considerable significance in this specialty. The author takes as his motto "To go back to Lallemand, is to advance," and in accordance with this he is an earnest advocate of the practice which forty years ago the distinguished professor of Montpellier used so earnestly to state, and so successfully to use, the chief feature of which was the cauterization of the prostatic portion of the urethra. Why has this method fallen into desuetude? Why is it now so generally decried by surgeons? These questions our author answers by pointing out the neglect of general treatment, now so common, and by referring to the incredulity on the subject of spermatorrhea which so strangely possesses the medical mind at

present, and lastly because this is not one of those means which require no trouble, and *cannot be sent by mail*, and therefore is less approved by specialists. Dr. Müller has seen about two hundred cases of spermatorrhea in private practice, in ten years, many of whom refused to submit to cauterization, and many others were lost sight of; but of the remainder he has cured *sixty* by Lallemand's process, associated with judicious general treatment. He has also traced multitudinous disturbances of the general system to this disease, and is confident that it is far more serious and wide-spread than is now the fashion to believe. His work is well-timed, judicious, and carefully written; it ought, therefore, to go far toward bringing an undeservedly neglected complaint and its treatment to our minds.

#### Hypochlorite of Soda in Lead Poisoning.

Operatives who work in the manufacture of the various salts of lead, especially white lead, and persons who use the many popular hair tonics containing sulphur and acetate of lead, have remarked the dark precipitate which forms on the skin and its annexes. This is the black sulphuret of lead, and is quite sure, after a time, to be absorbed by the skin and ultimately to induce saturnine poisoning. Dr. MEHN, in a recent number of the *Bulletin de Thérapie*, recommends to remove this deposit, a bath or wash of the hypochlorite of soda, a means easy of application and followed by prompt and immediate renewal of the dark stains. He takes:

|                                 |            |
|---------------------------------|------------|
| Dry chloride of calcium,        | 13 oz.     |
| Crystallized carbonate of soda, | 26 oz.     |
| Water, about,                   | 3 gallons. |

Dissolve the chloride in the water, then add the soda dissolved also. A precipitate of carbonate of lime will be thrown down and the supernatant fluid will be a solution of hypochlorite of soda. Add this to sufficient water for an ordinary bath, and pour in half a drachm of essence of lemon, eau de cologne, or other aromatic. The patient should remain half to three-quarters of an hour in the bath, or should wash with it those parts of the body darkened by the sulphuret.

#### Transfusion of Defibrinated Blood.

Two successful cases are reported from Heidelberg, in which blood, freed from its fibrin by filtration through a fine cloth, was injected into moribund cases with success. One of them was a woman, twenty-two years of age, who was almost lifeless from repeated child-bed convulsions. The other was a new-born infant, asphyxiated, feeble, and with very slight chance for life. In the latter case, DR. DE BELLINA took blood from the placenta and injected through the umbilical vein with a glass syringe—a proceeding well worth remembering for

its convenience and simplicity. The next morning the child could take the breast with ease, the change for the better being perceptible "immediately." Nearly an ounce was thrown up in this manner.

#### Phosphate of Lime in Phthisis.

DR. GUYOT, of Paris, recently brought before the Medico-Chirurgical Society of that city a number of cases in which he had employed the phosphate of lime in doses of from 30 to 90 grains daily, in the night-sweats of phthisical patients. The results had been very satisfactory, though he confessed that in exceptional cases there had no visible effect been produced. He had also prescribed it with success in excessive perspiration in cases of acute articular rheumatism. The most convenient form is to mix the phosphate with an equal quantity of powdered white sugar, and take a pinch of it frequently through the day.

#### Physiological Effects of the Ruhmkorff Spark.

Dr. B. W. Richardson has lately made some experiments to ascertain the effect produced upon animals by a very powerful electric discharge, which the *College Courant* finds recorded in the *Mechanic's Magazine*. He used the immense Ruhmkorff coil belonging to the London Polytechnic Institution, which gives a spark of 29 inches, and obtained results quite unexpected, no permanent injurious effect resulting. A pigeon previously anaesthetized with methylene bichloride, was placed in communication with the coil, the charge passing through the feet. Each spark produced a general muscular contraction, but the action of the heart, and of the respiratory muscles remained normal, so that after the experiment the bird was apparently none the worse for it, save the ruffling of its feathers. A frog was then tried with the same result. It is supposed that the current does not traverse the vital organs by passing directly through them in these cases, but takes a circuit round upon the surface.

## Reviews and Book Notices.

#### NOTES ON BOOKS.

Dr. Nathan Bozeman, of New York, has reprinted an essay from the proceedings of the New York State Medical Society, on the treatment of vesicovaginal fistula by the button suture. It is illustrated by several wood-cuts.

"The 'Sedative' Action of Calomel in Disease," is the title of a reprint from the *New York Medical Journal*, by F. D. Leute, M. D. It is an interesting plea for a valuable drug, now undeservedly neglected by many physicians.

April 9, 1870.]

*Editorial.*

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MEDICAL AND SURGICAL REPORTER

PHILADELPHIA, APRIL 9, 1870.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

HYGIENE AND MEDICINE.

Among the vagaries which have of late years become popular, is one which holds that the true method of curing disease, even acute disease, is by hygienic measures only. These reformers carry the expectant theory to the extent of discarding all strictly so-called therapeutics whatever, and maintain that diet and nursing embrace all that is in the power of man to achieve toward curing maladies. This system is sometimes known as orthopathy, and the sweeping denunciations of drugs, in which it indulges, are fortified by the hasty and careless expressions of distinguished clinical teachers. Its advocates deny specific and alternative powers to drugs, and explain all their alleged effects either by imagination on the part of the physician or patient, or else as accident and coincidence. They point triumphantly, as they think, to the different results obtained in the use of the same drug by different physicians, and the wide discrepancy in the accounts of various writers. They lay much stress on the fashion in the use of drugs, and from this draw unfavorable inferences as to the potency of these drugs at any time, and in any case.

We are quite willing to grant that these difficulties in the way of a scientific therapeutic do exist, and that they are, at first sight, discouraging. But he who, for this reason, allows himself to throw all physic to the dogs, acts as unrationally as does the man who, seeing the diverse opinions on morals and religion which prevail in the world, concludes there is no such thing as virtue and morality, and pursues

his way without any regard for the laws of right. The problems of man's body are not less complicated, not less mysterious than those of his soul. Those who seek to control and modify the infinitely delicate machinery of the human frame need not expect an easy task, yet they may confidently believe that with diligent application they will ultimately succeed. Physiology and daily observation prove too plainly the effect of certain chemical substances on the human frame and functions in health, to allow the unprejudiced mind to doubt for a moment that an equal influence can be exerted in disease.

Hygiene, let it be understood, is radically different from medicine. The former is summed up in the removal of what is noxious and injurious to the perfect performance of function. Disease is an absolute perversion of function, it is *un fait accompli*, it is no longer the bending, but the broken reed, it requires not merely the withdrawal of untoward influences, but the active support of new force from without. Here lies the value of drugs, their specific powers, ascertained by long observation and close experiment.

If we are asked to meet the objections urged by the nihilists in medicine—those who deny the specific curative power of drugs—we explain their facts in three ways. In the first place, a want of accurate diagnosis and of pure drugs leads to diverse results; for diagnosis to be thorough, must extend not only to the lesion, but to all the idiosyncrasies and peculiarities of the individual, and, of course, the material we use must be active; secondly, a want of correct observation, the existence of a prejudice or a profession which prevents strictly impartial judgment; and thirdly, a neglect of precise treatment, an uncertainty and vagueness in the administration of medicines. Specific therapeutic measures are absolutely necessary to therapeutic success. We have always observed in our conversations with physicians, that those who profess the least faith in drugs, invariably are loose in their use of them, have little knowledge of them, despise formulæ, and disparage the accurate and careful employment of them.

REAL ETHICS.

The profession of medicine is the only business or avocation which deems it necessary to have a separate set of moral laws, independent of, and additional to, those which the

State provides by statute, religion by divine enactment, and social life by the usages of gentlemen. This is a puzzle to the rest of the world, and we do not wonder at it. They naturally think that physicians must be a great deal worse or a great deal better than other men, to have piled an ethical Pelion on Ossa in this matter. Regarding the practice of physic as one of the many means of making a living, no more and no less, they imagine that a code of ethics is in reality merely the by-laws of a close corporation or guild, which the members adopt and observe to lessen competition, and exclude rivals. Such, indeed, is to some extent the case, and were it altogether so, we, of course, would not have a right to complain.

But what we have a right to complain of, is the want of good feeling in the guild itself. It is notorious that rivalry in practice is not less, but, if anything, more bitter than in trade. The young men in the profession rarely receive disinterested help from their seniors; the seniors are, as a rule, grasping and insatiable in their desire for business, and are so frequently prejudiced and jealous, that they are not willing to allow the juniors that meed of praise which these, by their unaided exertions, have justly won.

The long, tedious, discouraging years of waiting which each unfriended young physician must expect are in no wise shortened by warm professional support. The desire of the doctor who is once established in a community is to "run off," or "freeze out" his competitor.

Again, in the report of medical observation, how often does the cloven foot of self-adulation peep from under the sober robe of science? Several pamphlets are now upon our table, wherein bitter personal controversies are waged under the pretence of reporting cases in practice, and of correcting those reports. Dozens of pages of medical journals have been filled with this poisoned stuff, and the rancor of jealousy is served up to readers instead of the cold and pure records of truthful investigation.

The petty spite which success kindles in ignoble bosoms is too often shown by taking advantage of professional prejudices to the injury of a professional brother. Let a physician in any way bring himself before the general public, and at once there are tongues to whisper that is for an advertisement, that it is

to increase his business, that there "is money in it." While all these things are so, notoriously and familiarly so, it might be as well for our profession, while discussing the proposed amendments to the Code, to emphasize a little the fact that that Code does not contain all the Law and Gospel, and that there are some precepts, not in it, equally important for physicians to observe.

## Notes and Comments.

### BULLETIN OF RECENT THERAPEUTICS.\*

BY GEO. H. NAPHEYS, M. D.  
No. 4.

In order to enable the compiler of this bulletin to do justice to American Therapeutics, he invites directly, from experienced practitioners, contributions for this column. He desires brief but specific details of tried methods of treatment, i. e., the exact combination of remedies employed; the doses; frequency of administration; contraindications, etc., as well as the dietetic and hygienic management advised. He wishes not merely therapeutical novelties, but also a record of the negative and positive results of experience with either well established or newly suggested medical procedures.

While the compiler intends to collate widely and largely from foreign and American periodicals and monographs, he would like to draw upon the accumulated fund of unpublished therapeutical facts in the hands of many readers of this journal, whose co-operation, therefore, he confidently seeks.

#### Ophthalmic Therapeutics.

(CONTINUED FROM BULLETIN NO. 1.)

##### 2. Treatment of Iritis.

JOHN HUGHES BENNETT, M. D., F. R. S. E., PROF. IN THE UNIVERSITY OF EDINBURGH.

Our author has recorded five cases of *rheumatic iritis* treated without mercury. They all recovered. He employed atropia locally, and quinine internally. In one case of double rheumatic iritis, with conjunctivitis, of the most severe description, recovery took place of the right eye in five weeks, and of the left in six weeks.

GEORGE GASCOCYEN, F. R. C. S. (Vol. LII. Medico-Chirurgical Transactions), reports eighteen cases of *syphilitic iritis* treated without mercury. He asserts that the iritis which occurs in syphilis is not only amenable to a simple local treatment, but that the results are fully as favorable as when mercury is used. In all his recent cases the eye completely recovered. In those in which the iris had contracted adhesions before local treatment was adopted, perfect vision was regained in most, and

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useful vision in all. The average time during which the atropine drops were continued was about twenty-six days; the shortest period being fourteen, and the longest forty-nine. He keeps the eye shaded for several days after the complete disappearance of the lymph, and the return of the natural color.

A number of years ago Dr. H. W. WILLIAMS of Boston recorded (in the *Boston Medical and Surgical Journal*) sixty-four cases of iritis treated without mercury. The cases included every degree and variety of the affection, the idiopathic, rheumatic, syphilitic, and traumatic forms. In all excepting four a good recovery was obtained. In the four unfavorable cases, the disease had been neglected in its early stages.

ROBERT BRUDNELL CARTER, F. R. C. S.

33. R. Atropia sulphatis, gr. ij-iv.  
Aqua destillata, f. 3*j.* M.

Our author employs this solution as a local remedy, in all cases of iritis, whatever its origin or constitutional cause. It must be dropped into the eye, at first at short intervals, as every hour. When dilation is produced, or when after a few applications the pupil still resists dilatation, the application is to be continued two or three times a day.

Dr. HEYMANN, of Dresden, advises in severe cases the application of a particle of *solid atropia* or of its sulphate to the tarsal conjunctiva, as being more certain and powerful in its action than any solution; in some instances our author has obtained good results from this practice. He considers, however, that the precise method of application is of minor importance. The point to be borne in mind is that the use of atropia in every case of iritis, whatever else may be done or left undone, is the one thing that should never be omitted at the outset of the treatment.

The chief value of atropia does not depend upon its power of dilating the pupil. In the most severe cases of iritis it does not begin to dilate the pupil until the inflammation has first been in some degree subdued or has subsided—and in such cases its influence is more marked and beneficial than in others. One author explains this influence in few words, by saying that, besides diminishing hyperemia by producing some contraction of the blood-vessels, it secures rest to the parts within the eye by paralyzing the muscles of accommodation.

In the majority of obstinate cases of iritis there is pain enough to constitute a marked feature of the disease. As long as there is pain there will be no improvement; and this pain is, commonly, merely a symptom of the persistence of the cause of the nervous irritation in which iritis has its origin. Our author holds it to be a principle that the pain of iritis must always be subdued by anodynes; not merely mitigated, but absolutely mastered. If there be no

pain, no anodyne will be needed. If there be only "uneasiness," a moderate dose at bedtime may be sufficient. If pain be severe, opium or some of its preparations should be measured only by their effects—given hour after hour until the pain is no longer felt, and then continued at whatever intervals may be sufficient to keep it in abeyance. Mr. Zachariah Laurence has published reports of several cases of iritis treated successfully by opium pushed almost to narcotism; but the secret of his success was simply the removal of pain, and this result, (for which small doses will often suffice,) is both the explanation of the *modus operandi* and the test of the quantity that should be administered. The preparation employed is a matter of little consequence. For the sake of rapidity of action, it is often well to commence by injecting a full dose of morphia under the skin of the temple; and pills of soft opium afford a manageable means of continuing the effect.

When all hitherto described has been carried out, there will still remain cases in which, notwithstanding the use of atropia, the relief of congestion, and the subjugation of pain, the pupil does not dilate, and vision either deteriorates or at least does not improve. In these cases it is found, as a mere matter of fact, that mercury, given rapidly, but discreetly, until the gums show some slight sign of its constitutional effect, will immediately break the chain of morbid action. From the very day on which the mercurial line becomes apparent the sensations of the patient are relieved, and the symptoms of inflammation decline.

He is accustomed to use the following:

34. R. Pilule hydrargyri, gr. iij.  
Pulveris opii, gr.  $\frac{1}{2}$ . M.

For one pill, ter die, for one, two, or three days, according to the strength and condition of the patient.

He then orders diminishing doses until the gums show a sign of action. Finally he directs one small dose daily until the condition of the eye is so much improved as to render relapse improbable.

He does not believe that all the good effects of mercury on iritis can be produced, unless the line on the gums can be obtained. But the condition of "salivation" can never be useful, and should never be brought about designedly.

During the whole period of treatment the eye should be closed, and protected by a compressive bandage, applied with comfortable tightness over a pad of jeweler's cotton wool. By this means the patient will be enabled to walk abroad without restraint, so long as he avoids injurious fatigue or hurry. Sometimes, especially when resting quietly at home, a poultice will be a pleasant substitute for the pad and bandage; but neither the one nor the other should be applied until a quarter of an hour after the instillation of atropia, lest the solution should be absorbed and removed from the eye.

When the inflammatory symptoms are rapidly subsiding, the mercury, and probably the opium, may be entirely laid aside. But the continued use of atropia is necessary in order to prevent relapse; and the pupil should be kept fully dilated until the eye is quite well. As long as the pupil is dilated the eye does not participate in the functional changes of its fellow, to which, therefore, moderate use may be permitted. An attack of any severity usually leaves behind a temporary proneness to conjunctival irritation, which the atropia may often assist to keep up. For this the cautious use of a mild astringent, such as :

35. R. Zinci sulphatis, gr. iv.  
Aqua destillatae, f. 3 v. M.

This collyrium will usually be found effectual.

It will often be desirable to protect the eye from the glare, wind, and dust after a severe attack, by the use of blue glasses. These are now made of a watch-glass form for the purpose of excluding side light.

GEORGE LAWSON, F. R. C. S., SURGEON TO THE  
ROYAL LONDON OPHTHALMIC HOSPITAL,  
MANSFIELD.

In the treatment of *syphilitic iritis* our author regards mercury as imperatively called for. It should be given in doses sufficiently large and frequent to bring the patient quickly under its influence, but as soon as the gums begin to grow tender and spongy, the quantity should be diminished so as to avoid anything like profuse salivation. A piece of the size of a nut of the *unguentum hydrargyri* may be rubbed into the axilla night and morning, or a pill with calomel and opium may be administered :

36. R. Hydrarg. chloridi mitis, gr. iij.  
Pulveris opii, gr. 1/4-1/2.  
Confectionis rosae, q. s. M.

For one pill, ter die.

If the patient be feeble, quinine may be prescribed at the same time, and they may be conveniently ordered in the following mixture :

37. R. Quinia sulphatis, gr. xij.  
Acidi sulphurici diluti, f. 3 ij.  
Tincture aurantii, f. 3 v.  
Aqua destillatae, q. s. ad f. 3 v. M.

Tablespoonful in water, ter die, while the mercurial inunction is used night and morning.

If the patient has already been salivated before he first comes under treatment, the following iodide of potassium mixture should be given :

38. R. Potassi iodidi, gr. xxxvi.  
Potasse bicarb., 3*j*.  
Infusi quassiae, f. 3 vi. M.

A tablespoonful ter die. At the same time a slight mercurial action may be kept up by the use of the following :

#### Unguentum Hydrargyri cum Belladonna.

39. R. Extracti belladonneæ, 3*j*.  
Unguenti hydrargyri, 3*vij*. M.  
To be rubbed into the brow and temple, and allowed to remain on during the day.

When all the effused lymph has been absorbed and the iris has nearly subsided, the mercurial medicines should be omitted, but the iodide of potassium should be continued for two or three months combined with a bitter tonic, or if the patient is anemic, with some preparation of iron, as the

#### Mistura Potassii Iodidi cum Ferro.

40. R. Potassii iodidi, gr. xxxvij.  
Potasse bicarb., 3*j*.  
Ferri et ammonie cit. aa. 3*j*.  
Aqua destillatae, f. 3 v. M.

A tablespoonful in water ter die.

If the iritis recur after some months, or if it assume a chronic form, the following mixture will be found of great service :

41. R. Hydrargyri chloridi corrosivi, gr. i.  
Potassii iodidi, 3*j*.  
Tincture calumbæ, f. 3 vj.  
Aqua destillatae, q. s. ad f. 3 v. M.

Two teaspoonfuls in a glass of water two or three times a day.

Atropia is essential in the treatment of every form of iritis, and should be ordered at the very commencement of the attack, and persevered in during its continuance. A solution of the strength of gr. ij., to aquæ f. 3*j*. should be dropped into the eye two or three times a day. When the atropia fails to give ease, or acts, as is sometimes the case, as an irritant, the following belladonna lotion may be established :

#### Lotion Belladonnae.

42. R. Extracti belladonneæ, 2*j*.  
Aqua destillatae, f. 3 vij. M.

*Rheumatic Iritis* does not require the active mercurial treatment recommended for the syphilitic form of the disease. F. 38 may be given during the day, and at night the following pill :

43. R. Hydrarg. chloridi mitis, gr. j.  
Pulv. ipecacuanha comp., gr. v. M.

For one pill.

Or, the mercurial and belladonna ointment (F. 39) may be rubbed daily into the temple.

In some cases the treatment will fail to give relief. Then *quinine* in two grain doses may be ordered with benefit. Or, the quinine may be combined as follows :

44. R. Quinia sulphatis, gr. xij.  
Tincture ferri chloridi,  
Acidi nitrici diluti, aa. f. 3*j*.  
Aqua destillatae, f. 3 v. M.

A tablespoonful in water to be taken through a tube, ter die.

When there are great photophobia and pain in the eye, the quinine, or quinine and iron treatment together with a mild mercurial inunction into the

temple will be found most useful. To relieve the pain a fourth or a third of a grain of the *acetate of morphia* may be injected subcutaneously into the arm. Our author directs the following formula for the

**Injectio Morphiae.**

45. R. Morphiae acetatis,  $\frac{1}{2}$ ij. Div.  
Aque destillatae,  $\frac{1}{2}$ j. M.  
Rub the morphia gradually with the water, and add a few drops of dilute acetic acid if necessary for perfect solution.

M. vi = gr. j. of acetate of morphia.

*Turpentine* has been prescribed with advantage in obstinate cases of *non-syphilitic iritis*. It may be ordered as follows:

46. R. Olei terebinthinae,  $\frac{1}{2}$ ij.  
Syrupi acacie,  $\frac{1}{2}$ ss.  
Aqua pimentae,  $\frac{1}{2}$ iv. M.  
A teaspoonful four or five times a day.

During the whole attack the pupil should be kept well dilated by means of atropia or the belladonna lotion (F. 42.)

**Medical Library for Sale or Exchange.**

A physician retiring from the practice of medicine has some valuable medical works, etc. for sale, or exchange for literary works. Among these are vol. 1 to 17 (except vol. 10) of the MEDICAL AND SURGICAL REPORTER neatly bound, and vols. 18 to 21 unbound. The Am. Journ. Med. Sciences, old series, vols. 1 to 10 inclusive, (except vol. 9) vols. 7 and 8 new series, bound, and Nos. 39 to 55 and other numbers, unbound. Three vols. London Lancet, republication. Nos. 52 to 55 Braithwaite's Retrospect, and other Journals, bound and unbound. The bound volumes are all perfect, and bound in half calf. They will be sold for cash on very reasonable terms, or exchanged for works on history, general literature, etc. Address, "Adams," Bedford, Indiana.

**Meningitis in Georgia.**

Meningitis is said to be raging fearfully in Coffee county, Ga., one hundred and fifteen persons having died previous to the first of this month. In a family of nine persons eight died. There were two physicians in the county, but both left, and the people are now without medical assistance.

We are unwilling to believe this charge against the physicians of the county. If true, they have disgraced themselves, and their profession. Will some of our subscribers inform us on the subject?

**Cerebro-Spinal Meningitis.**

We receive accounts from various parts of the country, from central Mississippi; from Quincy, Illinois; from Erie County, Pennsylvania; from Central South Carolina, and from Southern Georgia,

that limited but malignant epidemics of cerebro-spinal meningitis are prevailing. The Erie Dispatch says:

"The singular fatality that has attended this dread malady has thrown the community into a state of abject terror, and many are flying from the place to escape from it. The skill of the local physicians has been baffled by it, and the best medical aid of this city has been peremptorily summoned. From the experience of some of our physicians in meeting this malignant disorder in their army practice, we anticipate that a check will be put upon it."

Our own hopes are less sanguine; army experience did not teach any especially successful treatment for cerebro-spinal meningitis.

**Boston Journal of Chemistry.**

Mr. NICHOLS seems determined to make this the leading chemical journal of the country. We would commend it to the notice of our readers as every way worthy of their patronage. The price, we observe, has been raised to \$1 a year, though by an arrangement made sometime since, we can still furnish it to subscribers to the REPORTER at 25 cts.

**The Medical Society of the District of Columbia.**

The imbroglio in Washington continues. Dr. A. Y. P. Garnett, has published a long letter in reply to Senator Sumner, in a too violent and personal strain to suit the occasion, and which does not meet squarely the only point of any real interest in the matter, that is, whether the action of the Society did or did not, directly or indirectly, curtail the privileges of the colored physicians as regular practitioners. If it did, (as asserted,) then the action was unjust; if it did not, it is difficult to see any ground for complaint. Science is catholic, and neither sex nor race should act as barriers to the enjoyment of its freedom.

**A Modern Bluebeard.**

Dr. William D. Potts, alias Duvall, an old resident of Newark, N. J., has been convicted of the murder of his fourth wife at Janesville, Wis. Dr. Potts is a native of New Jersey, and was born near Trenton. At the age of 14 he was known as the "Boy Preacher," and continued in the ministry until 30 years of age, when he became an "eclectic" doctor.

Upon his trial for this murder, the Doctor testified in his own behalf, and gave an explanation of all the circumstances surrounding the death of his wife.

The jury found him guilty of the charge, and the Judge sentenced him to the State Prison for the term of his natural life.

## Correspondence.

## DOMESTIC.

## Conservative Surgery.

EDITOR: MEDICAL AND SURGICAL REPORTER:

In obedience to an impulse of duty long entertained, I herewith furnish, for the benefit of the profession through your valuable journal, a report of some interesting cases, proving the advantages of conservative surgery over a resort to the knife.

The first case I have to mention was that of a sailor who was admitted to Seamen's Retreat in 1853. This man was received in hospital from ship-board on account of compound comminuted fracture of leg, of long standing. His injury was sustained from falling from aloft to the deck of the ship, and then being knocked about in his hammock without care during a long voyage. When admitted was in the most pitiable situation possible, both as respects the injured limb and general condition. He was cared for in a sanitary and surgical regard by the physicians of the Retreat as well as they were able; and after a period of a couple of weeks, when his improvement gave encouragement that an operation—amputation as was believed by the physicians of the Retreat—might be practicable. The elderly and eminent Dr. Hoffman, of New York city, was called in consultation. A careful examination of the fractured leg was made, and to the surprise of the doctors having charge of the case, Dr. Hoffman decided that a trial should be made to save the limb. Though fearfully fractured and profusely suppurating, yet the experienced eye of the old surgeon discovered in the condition of the leg and constitutional health of the patient, no doubt a promise of recovery, under appropriate management, without amputation, that a less practical observer would not be likely to recognize. I can attest this case appeared most unpromising of saving *without* limb, if *with* life. The youth and apparently excellent constitution of the patient, together with the healthy character of the discharging pus of the wounded leg were the circumstances upon which Dr. Hoffman predicated a favorable prognosis. As to general treatment he directed supporting diet and regimen, and, locally, the position of the leg most favorable to union of the fracture, along with special care in respect to compression and bandaging. The success attained in the case I believe was secured by treatment of leg in the fracture box. Suffice it to say that by the treatment advised, this patient, in a surprisingly short time, recovered completely, and the physicians of the hospital had the satisfaction of seeing him walk away from the Retreat upon both his legs, and able again to pursue his calling before the mast upon the ocean wave.

The second case I have to report is in many particulars identical with the previous one detailed. It came under my treatment at the Orange County Poor House in 1853. It was the case, likewise, of a young German, who by some accident, in a manner which I do not now recollect, sustained also a compound comminuted fracture of the leg. The case, in the first instance, fell into the hands of a physician practicing in the neighborhood where the accident happened, who accompanied, several weeks subsequent to the accident, the unfortunate patient to the institution mentioned when he came into my charge—accompanied him there, I have always verily believed as a desirable relief of a *very bad case*, which he might greatly desire to transfer into other, if not more skillful hands. The doctor apologized for the bad condition of the leg, by stating that it had been attacked by erysipelas; and for his emaciated, wretched, physical dilapidation by asserting that it was due to neglect and want of care on the part of the family, in whose employ the man was upon the occurrence of the accident, and pending the treatment of the fracture. I deem it unnecessary to remark in regard to this case, further than to state that in all important respects it corresponded exactly with the one already briefly detailed; and I need only mention that the same line of treatment was adopted as was pursued in the former, and the same successful, gratifying result attained. And it is proper that I should, as a concluding statement, remark that it was attributable to the observation and experience derived in connection with the Retreat case, that I was encouraged to make the trial of saving the limb, and thus I believe the life as well, of my patient, in the course of treatment followed, and which was attended with such a happy corresponding termination.

The third case, though dissimilar to the previously mentioned ones, and which I regard not less interesting and meriting publication as an example of conservative surgery, is that of a railway accident that came into my hands in the summer of 1869. The subject of the accident was Captain Charles A. Wood, conductor of a coal train on the Erie railway. While his train was standing upon the eastern bound track, and the tender of the locomotive was being replenished with coal, at the coal-shute a mile distant from Port Jervis, N. Y., conductor Wood left a position he had occupied on the locomotive, and took one upon the western bound track. While in this position and engaged, in a stooping attitude, examining something which had excited his observation as to the truck of the forward car, a train came along at a rapid rate of speed upon the track on which he stood, and without being seen or heard, the engine caught him and threw him to a fearful height into the air, but in his descent he fortunately fell between the double track and thus escaped being crushed by the passing cars.

Happening to be a passenger on Capt. Wood's train, immediately upon being hurt, he was borne to the caboose in which I was seated. From the nature of the accident, and from the expressions of pain indicated, I believed that the injury must be fatal. The shock, of course, immediately sustained was alarming, and the torn sleeve of his coat, and helpless condition of his right arm only evidenced too truly that a dreadful injury to him, if he should survive, was the result of the calamity. Being laid in the caboose, the train conveying the captain was run back to the village, and he was taken to his hotel, when, assisted by Dr. SOL VAN ETEN, of Port Jervis, appropriate relief to his suffering was administered, and an examination especially of his wounded arm was made. It was discerned that there was a compound complicated fracture of the arm at the elbow. The olecranon process of the ulna was fractured, and a wound communicating with the joint and extending six inches down the outer aspect of the arm existed. In fact, for the number of inches stated, the radius was denuded of all tissues, even of periosteum. In a word, the injury to the limb was one of serious magnitude, and the question at once to be decided was what should be done. I will mention a circumstance that complicated the case. In his service in the army, Captain Wood had received a gun shot wound in the same arm, which would have cost him amputation of it if he had not willfully, but as the result proved, wisely, refused submission to the operation. The rebel bullet, which was the occasion of the wound in question, he carried still, and it lay embedded in the flexor muscles of the fore arm. Though the usefulness of the member was greatly impaired, yet there was soundness of the limb, and the previous gun shot wound entered into the case in hand only in determining the serviceability of the arm, if it could be saved in view of its existing impairment. If saved it could be, with a necessarily greatly increased impairment, would the attempt to save such an arm be worth the while? In any event ankylosis, in all probability complete, must be expected to happen. We were governed in making up our judgment in the case, in the conservative view of it, by the fact that the patient was a young man, and possessed of habits of the most scrupulous regularity and sobriety; that he possessed, also, an excellent constitution, and a physical organization most favorable to recovery, and besides, in view of former experience in a similar instance, had proved his constitutional stamina and recuperative energy. Taking all the circumstances into consideration, we decided to attempt to save the arm without amputation. In the treatment it involved the removal of the fractured olecranon. This being done, the lacerated wound, involving the soft parts, was dressed by means of sutures, and plasters, and bandaging, so as to close the opening to the joint as much as possi-

ble, and cold water dressing, applied with a view of keeping down inflammation. I have not remarked in respect to the injuries sustained other than in a local regard except the constitutional shock.

A great deal of suffering was experienced from various contusions, and a temporary hemiplegia followed the accident. But the constitutional symptoms, considering the fearful character of the casualty to which he had been subjected, were surprisingly less than was to be apprehended. The case went into the hands of Dr. Van Etten, under whose skillful management it progressed in the most satisfactory manner. His valuable army experience, first and last, contributed incalculably, no doubt, to the successful result which crowned our efforts in the treatment of this most extraordinary injury. I have only further to add, in connection with this case, that in a period of about two months the wound entirely healed; and in about three months from the occurrence of the accident, the Captain resumed his duties as conductor of his train.

The arm was put and kept in a partially flexed position during treatment, and though ankylosed at the elbow, still, for all practical purposes, it is almost as useful as before the last injury. He has complete use of the hand and wrist, and no diminished action of the muscles of the forearm. In short, to a casual observer, he would betray no evidences of having sustained an accident.

I omitted in the proper connection, as to time of occurrence, another case illustrative of my subject, which I will in this place briefly recite. It was a case in which I was called in consultation some years ago—the case of a man who was thrown from a mowing machine, and by this accident had his foot severed off at the ankle joint. It was a clean cut, severing the condyle of the fibula and all tissues, to the extent traversed by the knives of the machine. The ankle was properly supported, kept at rest, cold water applied to the wound, and complete recovery secured without an outward symptom.

The lesson to be deduced from the cases thus briefly and imperfectly narrated, is, I need not observe, admonitory to the exercise of the most scrupulous caution in determining whether to operate or not in injuries involving important surgical interference. It should be borne seriously in mind that it is a grave and fearful responsibility to lop off a leg or an arm, a foot or a hand, that might, perchance, by skillful surgery and judicious management be saved. I count it an unspeakably greater glory to save a limb than to amputate one. Let not then the *eclat* that may be secured by the performance of the latter—allow me to expostulate with any who may be tempted—countervail in any instance from a strict regard to a conscientious discharge of duty, when the sacrifice of a useful member may be saved to any human being.

J. H. THOMPSON, M. D.

Goshen, N. Y., March 4, 1870.

## Uses and Doses of Chloral Hydrate.

EDS. MED. AND SURG. REPORTER:

It may not be uninteresting for the practitioner to hear something original by the illustrious inventor of the above "new" drug, Dr. Liebriech, of Germany, as regards its uses and properties. In a note, "The Chloral Hydrate" by Dr. Oscar Liebriech, he says: The drug can, on account of its physical properties, not be given in pill or powder form, but the best method is that of solution. In smaller doses it can be given without corrigens, but simply in aq. destill. and in tablespoon doses. As chloral hydrate in a concentrated solution has a bitter and somewhat acid taste, an addition of gum mucilage or syr. cort. aurant. is very desirable; a mixture of that kind has a very pleasant taste, and will readily be taken even by small children. Naturally no alkaline reacting corrigent can be added to the mixture, as such will free the chloral hydrate. For hypodermic injections the solution must be absolute neutral in reaction. If a trace of  $\text{SO}_3$  should be present in the solution, a little ammonia is required to neutralize it. For internal use Professor Liebriech recommends the following recipes, which can be easily modified as to smaller or heavier doses, as the cases may require:

- R. Chlorali hydrati, grmm. 2.5.  
Aque destill.,  
Mucilaginis acacie, aa. grmm. 15.0. M.  
S.—As one dose. (A simple hypnoticum.)
- R. Chlorali hydr., grmm. 4.0.  
Syr. aurant. cort.,  
Aque destill., aa. grmm. 15.0. N.  
S.—Evenings, a tablespoonful. (A simple hypnoticum.)
- R. Chlorali hydr., grmm. 4.5 (—8.0).  
Syr. aurant. cort.,  
Aque destill., aa. grmm. 15.0. M.  
S.—At once to be taken. (In delirium potatorum.)
- R. Chlorali hydrat., grmm. 2.0.  
Aque destill., " 150.0.  
Syr. aur. cort.,  
Mucilaginis acacie, aa. grmm. 15.0. M.  
S.—Every hour a tablespoonful. (As a sedative.)
- R. Chlorali hydrat., grmm. 5.0.  
Aque destill., " 10.0. M.  
S.—A teaspoonful in a glass of wine, beer, or lemonade. (As a hypnoticum.)
- R. Chlorali hydr., grmm. 5.0. M.  
solve in  
Aque destill., q. s.  
Ut mensura tota liquoris acquet centimetra cubica decem.

S. 1=4 P. C. subcutaneous as hypnotic or assistant hypnoticum.

FERDINAND LESSING, M. D.,

Philadelphia.

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Epilepsy.

EDS. MED. AND SURG. REPORTER.

SIRS:—Under the head of Queries and Replies, in the January 15th number of the REPORTER, I

noticed an inquiry signed A. W. S., who has a case of epilepsy for which he prescribed the long-known remedy—bromide of potassium in five grain doses, increasing to ten. Under this treatment the patient improved in lengthening the time of the interval between the paroxysms, but with the intellect more impaired. Now, I think, whether bromide of potassium should be regarded as a remedy *par-excellence* in epilepsy, at present depends upon the mode of administering it to a great extent. I have had remarkably good results follow the use of the bromide prescribed in the following manner:

|               |              |
|---------------|--------------|
| R. Pot. bro., | 3 <i>ij.</i> |
| Am. bro.,     | 3 <i>j.</i>  |
| Ferri citras, | 3 <i>j.</i>  |
| Aq. dest.,    | Cong. j. M.  |

A tablespoonful to be given to an adult three times a day between meals.

It will be seen from this, that the dose of the bromide, in the above is forty-five grains, and fifteen grains of the bromide of ammonium, with about two grains ferri citras sol., which last can be increased as the circumstances of the case require. The dose of the bromide can easily be lessened to suit the individual case; but such instruction to the patient on my part has as yet not become necessary.

I would here say that I have not observed in a single instance increased impairment of intellect follow the use of the bromide prescribed in the manner as above described by me, but quite the reverse. Where there was impaired intellect, that condition improved with all the other symptoms, and the paroxysms always have ceased in a short space of time; but the treatment *must* be persevered in, or there will be a recurrence of the disease in its full vigor. The longer the treatment is continued (as appears from my notice) the longer will the disease be held in abeyance on cessation of the treatment. By keeping the system under the continued alternative influence of the bromide of potassium and ammonium, I think we have the satisfaction of knowing that we have the disease under our control in most instances, if not in all; and, sometimes, I think a complete cure will follow the above treatment. It has, in my hands, in no instance failed to give rapid and marked relief.

Middlebury, Ind.

W. F. HAN.

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Expulsion of a Uterine Polypus.

EDS. MED. &amp; SURG. REPORTER:

I was called in great haste, about four o'clock in the morning, to see Mrs. M., aged 21 years; married 3 years; has one child 2 years old. I found her suffering paroxysms of excruciating pains, increasing in both severity and frequency since midnight.

Her general appearance was that of perfect health; pulse very little above normal; tongue slightly coated; skin moist, full in form, and flesh firm to

the touch. She was not *enceinte*; had been unwell the previous week for the first time since her child was born. There was hardly time enough between the paroxysms to elicit the above information. I have rarely seen one suffer more during parturition. Turning away from the patient for a few minutes, I learned from her sister, that Mrs. M. had, for nearly two years past, been voiding a sero-sanguinous fluid in greater or less quantities almost every day. I at once suspected the existence of a polypus. I supposed the pains were occasioned by the efforts the uterus was making to expel the polypus. My first impulse was to quiet the uterus, in order that the patient might have a little rest till the best means of further action might be adopted. I gave a hypodermic injection in the arm, using half a grain of the acetate of morphia in solution. After waiting half an hour without any apparent effect or cessation of pain, I repeated the injection, increasing the quantity a little. The pains still continued for over half an hour, when she began to feel easier.

A little after daylight she was quite free from pain, though she slept very little in spite of the heroic anodyne thrown under the skin.

About noon of the same day, after sitting up in bed a while, she felt the pressure of a body which when voided, proved to be a polycarpus of about the size and shape of a calf's heart, weighing sixteen ounces. In water it was of a light flesh color; round and smooth on the side; multilocular and of a deeper red color on the other. Both its shape and the shortness of the pedicle would seem to favor the opinion that it was entirely intra-uterine, though no vaginal exploration was made.

The patient is so far doing well.

The acetate of morphia was from Rosengarten & Sons, Philadelphia. I put of water ten fills of the barrel of my syringe into a small bottle, then added ten grains of the morphia, kept the bottle well stoppered to prevent evaporation. I wish to know how this morphia acted, or whether it did any good at all in the case? What is the proper treatment in such cases?

A. D. BINKERD, M. D.

*Parker's Landing, Pa., March 18, 1870.*

#### Retroversion of Uterus.

EDITORS MED. AND SURG. REPORTER:

I have a case of retroversion of the uterus, complicated with left lateral obliquity, which has resisted all my attempts to keep *in situ*. There has been a good deal of congestion, with tenderness of the neck and fundus, which I succeeded in relieving with local applications of iodine and glycerine; so that there is now no tenderness of the neck, and but little of the fundus; but the displacement still persists, accompanied with pain in the left hip, and backache. I can very easily place the organ in its

natural position with the probe, but all my efforts have thus far failed in keeping it there. I have used Hodge's bas pessary, molded to suit the size and construction of the parts. Now what shall I do? What do you think of Dr. Babcock's Silver Uterine Supporter, and Dr. Wadsworth's Uterine Elevator?

Do you think either of them would be applicable to this case?

J. B. CORY, M. D.

*Patch Grove, Grant Co., Wis.*

[The instruments named are, in our judgment, better adapted to cases of prolapsus than other forms of displacements of the uterus.—EDS.]

#### "Is Quinine a Partus Accelerator?"

EDITORS MED. & SURG. REPORTER:

Under the above caption, in your Journal of Feb. 5th, I have read a short article by Dr. Burt, of Kansas.

My observations of the effects of quinine, when exhibited to pregnant women for chills, have been similar to those of your correspondent, and for many years past, I have not ventured to give quinine to a pregnant woman for malarious disease, without giving with each dose a full portion of opium.

I would answer the above interrogatory in the affirmative. I am convinced that quinine, when given freely at any time before the completion of term, will induce uterine contractions. At the completion of term, it will hasten natural labor.

With this conviction, I concluded to use the agent when there existed inefficient uterine action at term, and did so for the first time on the 28th of August, 1853, and have done so many times since, most generally with satisfactory results.

I append a few cases in as few words as possible:

Mrs. D—— at 42, 7th Preg. An interval of seven years has elapsed since last confinement, saw her about 8 A. M. I found os uteri properly dilated—liquor amnii escaped—labor pains sufficiently frequent, but inefficient. About 3 P. M. pains ceased entirely. I then gave her ten grains of quinine at once, and applied warm fomentations to the abdomen. In thirty minutes after the exhibition of quinine, uterine contractions returned with promptness and force—labor was quickly terminated.

Mrs. S—— at 42, 12th Preg. Saw her at 8 A. M. She had suffered from uterine pains at long and regular intervals for the past twenty-four hours, os dilatable. 1 P. M., dilating; 3 P. M., liquor amnii escaped; after that event pains were inefficient for several hours. I gave her about eight grains of quinine, and in about thirty minutes the uterus was acting vigorously—labor was soon over.

Mrs. A——. *Æt.* 23; second pregnancy; saw her at 4 A. M.; she has had pain four hours; found os uteri properly dilated; sac of waters well form-

ed; at 9 A. M. no progress; at 10 A. M. applied dry cups to sacrum; 12 M. no change; 2 P. M. no change. I then gave her ten grains of quinine at once. In thirty-five minutes after taking it, she became very pale; skin moist; pulse slow, full and soft; the uterus began to act vigorously, and in twenty-four minutes from the commencement of its activity the woman was safely delivered.

In these cases the mother and child did well.

Grinnell, Iowa.

JOHN LEWIS, M. D.

## NEWS AND MISCELLANY.

### Provision for the Insane in New York.

Provision for the better treatment of the insane is exciting uncommon attention in both branches of the New York Legislature. The bill of Senator Lewis, concerning the Buffalo State Asylum, provides that it shall be built on the site selected by the Commissioners for that purpose; that ten managers shall be appointed for the institution by the Governor and the Senate, to hold terms of different length, so that permanence may be maintained; that these managers shall have powers like those of the State Lunatic Asylum at Utica, and that the regulations of the institution shall be like those of the Utica Asylum. The bill appropriates \$50,000 to commence operations in building an edifice suited for 500 patients. The plans for the structure must be approved by the Governor, Controller, and State Engineer.

As further evidence of sympathy with that class of the population, it may be mentioned that a bill of Assemblyman Steele provides about \$50,000 for paying the present indebtedness of the Willard Asylum for the Insane at Ovid, for furniture, heating apparatus, plumbing, &c.

In addition to the new State Lunatic Asylums now authorized for construction, at Buffalo and Poughkeepsie, besides those already established, at Utica and Ovid, further attention to the insane is shown by the bill of Senator Tweed, supplementary to the law of last year on the subject, authorizing the Corporation of New York to raise, by loan, a further sum of \$300,000 for constructing and completing a Lunatic Asylum on Ward's Island, now being erected by the Commissioners of Public Charities and Correction—the new stock for which additional loan to be issued, and its redemption provided for, in the way mentioned in the act of last year.

### The Microscopical Society of New York.

At a meeting of the Microscopical Society, on Tuesday evening, 22d ult., Dr. Hinton, Chairman, Prof. Samuel Jackson exhibited specimens of a new insect which he claims to have discovered. He

calls it the *Tingis arcuata*, and found it some 90 miles up the Hudson on the buttonwood tree. Under the microscope it is a terrible looking animal. Mr. Mason exhibited some photographs of pathological specimens. Dr. Higgins read a report on photomicography; he regarded the electric light as by far the best for the process, but the magnesium light is good.

An act of vandalism has been committed at the room of the Society by some person at present unknown. The two busts of Dr. Valentine Mott have been defaced with paint—the cheeks of the busts painted red, the eyes blue; and the consequence is, the features have to be veiled from public view. The building and all it contains is a temple to Dr. Mott, and his bust might be specially respected.

### Alumni Associations.

The organization of Alumni Associations in connection with the Medical Colleges of this city, is an excellent move, if it is carried out with energy, and in the right spirit; but if it is merely to be a means of advertising colleges, and their faculties, it will fail of its end. A more liberal and higher spirit should pervade such associations. They should aim to give greater effect, and to call into more constant operation the loftiest principles which should animate and unite the profession. They should not perpetuate the jealousies of schools, nor the predilections of professors and faculties. For that reason we think it was an unwise move in the faculties to take so prominent a part in them.

### Alumni Association of Jefferson Medical College.

By the graduates of Jefferson Medical College, in this city, familiarly known as above, an adjourned meeting was held on the 19th ult. Its object was to form an Association of Alumni for purposes and objects that are obvious to every one.

Dr. Hatfield occupied the chair; Dr. J. Ewing Mears, Secretary. The attendance was very full including numerous gentlemen who graduated at "Old Jeff" when the institution was comparatively in its infancy. The Committee appointed on the 5th to draft a Constitution and By-Laws, presented one that was adopted by them without a dissenting vote.

Drs. Wm. L. Knight, J. C. Norris, J. R. Burden, J. W. McFerran, and J. Ewing Mears were appointed a Committee to nominate officers. In the meantime Dr. A. Hewson, on motion of Professor Gross, was appointed to receive the initiatory dollar from each gentleman who sought enrollment on the Alumni rolls.

April 9, 1870.]

## News and Miscellany.

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The Committee reported as follows: The gentlemen named were unanimously elected.

*President*—Prof. S. D. Gross, M. D., LL. D.

*Vice Presidents*—Drs. Nathan L. Hatfield, W. L. Atlee, Elwood Wilson, Addinell Hewson.

*Treasurer*—Prof. B. Howard Rand.

*Recording Secretary*—Dr. J. Ewing Mears.

*Corresponding Secretary*—Dr. R. J. Dunglison.

*Executive Committee*—Drs. Ellerslie Wallace, S. Wier Mitchell, A. C. Bouronville, Richard J. Lewis, J. M. Da Costa, John H. Brinton, Wm. Goodell, Prof. J. Aitken Meigs, Wm. L. Knight, S. W. Gross, R. M. Girvin, T. H. Bache, William H. Pancoast, J. C. Norris, F. F. Maury, William T. Johnson, W. W. Keen, William B. Atkinson, G. R. Morehouse, W. H. Ford, T. H. Andrew, Isaac R. Burden, O. H. Allis, M. Townsend, N. Hatfield.

#### Association of Medical Superintendents of Institutions for the Insane.

The Twenty-fourth Annual Meeting of the Association of Medical Superintendents of American Institutions for the Insane, will be held at the "Allyn House," in the city of Hartford, Conn., commencing at 10 A. M., June 15th, 1870.

Attention is particularly called to the following resolution:

"Resolved, That the Secretary, when giving notice of the time and place of the next meeting, be requested to urge on members the importance of prompt attendance at the organization, and of remaining with the Association till the close of its sessions."

By a standing resolution of the Association, the Trustees of the different Institutions for the Insane are invited to attend the meeting.

[Cannot the Association adopt a title of less fearful proportions? *EDS. MED. & SURG. REPORTER.*]

#### Professor Tyndall Parodied.

The recent meeting at Exeter of the British Scientific Association called forth the following curious contribution to gastronomic science, laboriously modeled on the well known style of Professor John Tyndall, much to the amusement of the members:

Experience has proved that the juice of three or four lemons and three quarters of a pound of loaf sugar, dissolved in three pints of boiling water, give savorous waves which strike the palate at such intervals, that the thrilling acidity of the lemon juice and the cloying sweetness of the sugar, are no longer distinguishable. We have in fact a harmony of savorific notes. The pitch, however, is too low, and to heighten it, we infuse in the boiling water, the fragrant yellow rind of one lemon. Here we might pause, if the soul of man craved no higher result than lemonade. But to attain the culminating savorosity of punch, we must dash into the bowl at

least a pint of rum, and nearly the same volume of brandy. The molecules of alcohol, sugar, and citric acid collide, an entirely new series of vibrations are produced—tremors to which the dullest palate is attuned. In punch, then, we have rhythm within rhythm, and all that philosophy can do is to take kindly to its subtle harmonies. It will depend in some measure upon previous habits whether the punch, when mixed, will be taken in excess or in moderation. It may become a dangerous ally, and bring a sentient being to the gutter. But, on the other hand, it may become the potent inward stimulus of a noble outward life.

The famous "but a step," has rarely been more effectively taken.

#### Valuable Combination.

A correspondent, Dr. C. W. DAVIS, of Iowa, writes: "Sulphate of zinc and chlorate of potass *intimately ground* together in equal quantities will be found a most excellent and satisfactory remedy. The various forms of stomatitis, sore throat, ophthalmic, and many cutaneous diseases, yield at once, by its use. I was led to make this combination to economize space in my vial case. Instead of carrying both the zinc and potash, I carry the combination. Even in internal administration the zinc adds to the efficiency of the chlorate.

Ten grains to the oz. of water as a collyrium. 1 drachm to 4 oz. of water as a wash in stomatitis, and gargle in sore throat, to be used stronger if necessary as a lotion. The zinc and potash must be *most* intimately ground together to an impalpable powder to insure its perfect and certain efficacy. From the efficiency and curative power of this combination there is evidently a *physiological affinity*."

#### A New Insect Poison.

M. CLOEZ, who is engaged at the garden of the Paris Museum, has invented, according to *Scientific Opinion*, what he considers a complete annihilator for plant lice and other small insects. The discovery is given in the *Revue Horticole*, with the endorsement of its distinguished editor, E. M. Carrière. To reduce M. Cloez's preparation to our measures, it will be sufficiently accurate to say, take 3½ ounces of quassia chips, and 5 drachms of stavesacre seeds, powdered. These are to be put in seven pints of water, and boiled until reduced to five pints. When the liquid is cooled, strain it, and use with a watering-pot or syringe, as may be most convenient.

#### Harvard University.

The Board of Overseers of Harvard University has recently conferred the degree of Doctor of Medicine upon 39 graduates of the Medical Department, and of Doctor of Dental Medicine upon 12 graduates.

